## APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERS HAD



PO Box 83720

Boise, ID 83720-0080

SECRETARY OF STATE

The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.

The name of the partnership is	s	. 4444112	Tirk				
It's principal office is located a	t 430 C	enter	Street	East,	Kimber	ly II	8334
It's registered office in Idaho is	s located a	430	Center	Stree	t East,		•
Kimberly, Idaho 833							istered
agent at that address is	David	L. M	cKinlay		The state of the s	!	• 34
The partnership is organized i	in the state	of <u>I</u>	daho	w Suc		: :	
The nature of it's business is	real e	state	invest	ments	ur-ji-	į	*
The name(s) and address(es)	of at least	one pa	ther.				
Nama							
<u>Name</u>			Ado				
David L. McKinlay		430	<u>Add</u> Center	A. C.	East,	Kimb	
<del></del> -		430		A. C.		Kimb	erly 1 833
<del></del> -		430		A. C.			
David L. McKinlay		430		A. C.			
<del></del>		430		A. C.			
David L. McKinlay		430		Street			
Other matters (optional):  Signature(s) of at least one page	artner listed		Center	Street	**************************************		833
Other matters (optional):  Signature(s) of at least one pain item 6	,		Center	TRANS SE	**************************************	TATE 9 : 0	833
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